

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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11						
12						
13			12			
14			15			
15			12			
16			12			
17	1					
18		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	3					
TOTAL CLAIMS	6	6				

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						